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<b>Trimethoprim/sulfamethoxazole (Bactrim, Septra)</b>	
<b>Classification:</b>	<b>Indication:</b>
Antibacterial sulfonamide	Include acute infective exacerbation of chronic bronchitis, otitis media in pediatrics only, travelers' diarrhea for treatment and prophylaxis, urinary tract infections, shigellosis, pneumocystis jirovecii, pneumonia/pneumocystis carinii pneumonia (PJP/PCP), and toxoplasmosis, both as prophylaxis and treatment.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"><li>- GI effects: anorexia, pancreatitis, abdominal pain, diarrhea, nausea, vomiting</li><li>-Hematologic effects: aplastic anemia, agranulocytosis, thrombocytopenia, eosinophilia, and leukopenia.</li><li>-Dermatologic effects: pruritus (itch sensation), urticaria, Steven-Johnson syndrome, and skin sensitivity.</li><li>-Renal effects: Increased BUN and serum creatinine, renal failure, and interstitial nephritis</li></ul>	<ol style="list-style-type: none"><li>1) Obtain a culture and sensitivity prior to administering Trimethoprim-Sulfamethoxazole</li><li>2) Teach patient to take Trimethoprim-Sulfamethoxazole before and after a meal with 8oz of water.</li><li>3) Teach patient to wear sunscreen when in the sun</li><li>4) Teach patient to avoid tanning beds and prolonged exposure to sunlight</li><li>5) Teach patient to inform their dentist or prescriber that they are taking Trimethoprim-Sulfamethoxazole because it can alter laboratory values.</li><li>6) Monitor patient's blood sugar levels if they have diabetes because it can reduce blood sugar levels.</li><li>7) Monitor potassium level; hyperkalemia can occur in older adults and those who are renally impaired or have hypoaldosteronism</li><li>8) Discontinue the medication at the first sign of rash.</li></ol>

## vancomycin (Vancocin)

<b>vancomycin (Vancocin)</b>	
<b>Classification:</b>	<b>Indication:</b>
Antibiotics	<ul style="list-style-type: none"> <li>-c-diff associated diarrhea</li> <li>- c diff infection in patients with complete ileus</li> <li>- serious or severe infections when other antibiotics are ineffective or contraindicated.</li> <li>- Staphylococcus enterocolitis (give for at least 4 weeks)</li> <li>- Preoperative antimicrobial prophylaxis for GU and GI (excluding esophageal) tract procedures</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- feeling of fullness in the ears.</li> <li>- fever with or without chills.</li> <li>- general feeling of tiredness or weakness.</li> <li>- dizziness or lightheadedness.</li> <li>- cough or hoarseness</li> <li>- continuing ringing or buzzing or other unexplained noise in the ears</li> <li>- blood in the urine or stools</li> <li>- Black, tarry stools.</li> </ul>	<ul style="list-style-type: none"> <li>- Do not give IM</li> <li>- Monitor fluid balance and watch for oliguria and cloudy urine</li> <li>- Obtain hearing eval and renal studies before therapy</li> <li>- monitor renal function during therapy</li> <li>- monitor carefully for red man syndrome, which can occur if drug is infused too rapidly (maculopapular rash on face, neck trunk and limbs, pruritis and hypotension caused by histamine release)</li> <li>- monitor blood levels</li> <li>- patients with renal dysfunction need adjust</li> </ul>

## Gentamicin (Cidomycin)

<b>Gentamicin (Cidomycin)</b>	
<b>Classification:</b>	<b>Indication:</b>
-Aminoglycoside AB -Antibiotic	Sepsis( in addition to augmenting) if the site of infection is the urinary tract, the abdomen, or is unknown, and: -greater than 12 years old (seek clinical advice if less than 12 years old) and greater than 1 high risk factors are present and greater than 30 mins from hospital.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
- blood in the urine - Agitation - Back pain - Black, tarry stools - Blurred or double vision - Change in frequency of urination or amount of urine - Burning, numbness, tingling, or painful sensations - Abdominal or stomach cramps or pain.	-Monitor intake and output, BUN and creatinine  -Monitor for allergic reactions  -Conduct hearing tests, assess for loss  -Monitor for tinnitus, headache, hearing loss, nausea, dizziness, and vertigo  -Monitor use in clients who take myasthenia gravis and clients taking skeletal muscle relaxants and those receiving general anesthetics

<b>Cefaclor (Ceclor, Raniclор)</b>	
<b>Classification:</b>	<b>Indication:</b>
Antibiotic, second-Generation Cephalosporin	E. coli, H. influenza, Klebsiella spp, P. mirabilis, Staphylococci, group A beta-hemolytic streptococci
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>-Hypersensitivity reactions</li> <li>- Stomach upset</li> <li>- Vaginal itching or discharge</li> <li>- Nausea</li> <li>- Vomiting</li> <li>- Swelling on the face, tongue, or throat</li> </ul>	<ul style="list-style-type: none"> <li>-The nurse should advise the patient that by taking this drug , it is not recommended to drink alcoholic beverages and if any signs of gastrointestinal disturbances occur, to notify the health care provider.</li> <li>- Antibiotics, including cephalosporins, should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.</li> <li>- Administer with caution in the presence of markedly impaired renal function.</li> </ul>

<b>Ciprofloxacin(Cipro, Cipro XR, and ProQuin XR)</b>	
<b>Classification:</b>	<b>Indication:</b>
Antibiotic; synthetic broad	Infections caused by bacteria and other microorganisms.

spectrum antimicrobial agents for oral administration	
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> <li>-Unusual tiredness</li> <li>- Pale skin</li> <li>- Vaginal itching and/ or discharge</li> <li>- Diarrhea</li> <li>- Nausea</li> <li>- Vomiting</li> <li>- Heartburn</li> <li>- Stomach pain</li> </ul>	<ul style="list-style-type: none"> <li>-Report tendon inflammation or pain, discontinue drug.</li> <li>- Assess for signs and symptoms of superinfections</li> <li>- Administration with theophylline derivatives or caffeine can cause CNS stimulation</li> <li>- Assess for signs and symptoms of GI irritation in patients receiving high doses and in older adults. Monitor PT and INR in patients receiving coumarin therapy.</li> <li>- Monitor I&amp;O ratios and patterns, patients should be well hydrated. Monitor plasma theophylline concentrations, since drug may interfere with half-life.</li> <li>- Report tendon inflammation or pain, discontinue drug</li> <li>- Culture &amp; sensitivity tests should be done prior to initial dose. Urine pH should be less than 6.8 to reduce risk of crystalluria, especially in older adults and patients receiving high doses of ciprofloxacin.</li> </ul>

## Amoxicillin (Moxatag, Amoxil, Larotid)

<b>Amoxicillin (Moxatag, Amoxil, Larotid)</b>	
<b>Classification:</b>	<b>Indication:</b>
Penicillin antibiotic	Acute otitis media, ear nose throat infection, gonorrhea, helicobacter pylori gastrointestinal tract infection, infection of genitourinary system, lower respiratory tract infection.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>-Chest pain</li> <li>- Bloody nose</li> <li>- blood in the urine</li> <li>- bloating</li> <li>- blistering, peeling, or loosening of the skin</li> <li>- black, tarry stools</li> <li>- abdominal or stomach cramps or tenderness</li> <li>- back, leg, or stomach pains</li> </ul>	<ul style="list-style-type: none"> <li>-Have epinephrine available to counteract a severe allergic reaction</li> <li>- Do not mix aminoglycosides with a high dose or extended spectrum penicillin G, because this combination may inactivate the aminoglycoside</li> <li>- Examine patient for allergic reaction to the penicillin product, especially after the first and second doses. The reaction may be mild such as rash or a severe reaction such as distress or anaphylaxis.</li> <li>- monitor for signs and symptoms of superinfection, especially in patients taking high doses of an antibiotics for a prolonged time. Signs and symptoms include stomatitis (mouth ulcers), genital discharge (vaginitis), and anal or genital itching.</li> <li>- obtain a sample such as blood, sputum from a laboratory culture and antibiotic sensitivity testing of infective organism (also known as C&amp;S) before antibiotic therapy is started.</li> </ul>

## Acyclovir (Zovirax)

<b>Acyclovir (Zovirax)</b>	
<b>Classification:</b>	<b>Indication:</b>
Anti-infective agent anti-viral	Increase nephron-neurotoxicity with aminoglycosides, amphotericin B, probenecid, interferon; decreases effect of phenytoin.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"><li>-Mild skin pain</li><li>- nausea, vomiting, diarrhea</li><li>- headache or mouth pain while using an acyclovir buccal tablet</li><li>- rash, itching.</li></ul>	<ul style="list-style-type: none"><li>-Perform oral hygiene</li><li>- Increase fluid intake</li><li>- Instruct client to practice abstinence or use condoms</li><li>- Assess for superinfection</li><li>- Watch for orthostatic hypotension</li><li>- Monitor CBC, renal/liver functions tests, urine output</li><li>- Administer IV over 60 minutes</li></ul>

## Azithromycin (Zithromax)

<b>Azithromycin (Zithromax)</b>	
<b>Classification:</b>	<b>Indication:</b>
Azithromycin: macrolides Antibacterial / Anti infective	Community Acquired pneumonia. Gonorrhea PID Acute otitis media Sinusitis Chancroid
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
-Elevated liver enzymes - Pseudomembranous Colitis - Seizures - Hypersensitivity - Rash - Nausea - Vomiting - Diarrhea	-Observe for signs of anaphylaxis: rash, laryngeal edema, wheezing. - Assess patient for skin rash frequently during treatment - Assess patient for infection before treatment and during treatment.

## Fluconazole (Diflucan)

<b>Fluconazole (Diflucan)</b>	
<b>Classification:</b> Azole Antifungal	<b>Indication:</b> PO: IV: Fungal infections caused by susceptible organisms, including: Oropharyngeal or esophageal candidiasis, serious systemic candida infections, urinary tract infections, peritonitis, cryptococcal meningitis. Prevention of candidiasis in patients who have undergone bone marrow transplantation. -PO: single-dose oral treatment of vaginal candidiasis -Fungistatic action against susceptible organisms -May be fungicidal in higher concentrations
<b>Side effects/ adverse reactions:</b> -Vomiting - Stomach pain - Headache - Diarrhea - nausea or upset stomach - changes in the way food tastes -Severe rash in people with lowered immunity -dizziness	<b>Nursing Considerations:</b> -Monitor for allergy response. Patients allergic to other antifungals might be allergic to fluconazole. - Monitor BUN, serum creatinine, and LFTs. Drug may cause elevation of following lab serum values: ALT, AST, alkaline, phosphatase, bilirubin. - Monitor for signs and symptoms of hepatotoxicity. Patient/Family Education: Monitor for loss of glycemic control if diabetic. Inform prescriber of all medications being taken.

## Metronidazole (Flagyl, MetroCream, MetroGel, Noritate, Vandazole )

Classification:	Indication:
Metronidazole Amebicide, antibiotic, antiprotozoal	Intestinal amebiasis, amebic abscess, trichomoniasis, refractory trichomoniasis, bacterial anaerobic infections, giardiasis, septicemia, endocarditis; bone, joint, lower respiratory tract infections; rosacea
Side effects/ adverse reactions:	Nursing Considerations:
-a light-headed feeling (like you might pass out) - blisters or ulcers in your mouth, red or swollen gums, trouble swallowing. - headache, dizziness, weakness - trouble sleeping, depression, irritability - painful or difficult urination - diarrhea	-Assess for rash, superinfection, and neurologic symptoms  -Monitor bowel activity, I&O, and urinary problems.  -Obtain culture/identify before giving first dose.